



"People  
helping people  
help  
themselves"

Mitchell E. Daniels, Jr., Governor  
State of Indiana

**Division of Mental Health and Addiction**  
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Anne Waltermann Murphy, Secretary

January 12, 2009

To: Indiana ATR Recovery Consultants

From: Eric Scott, Program Manager  
Indiana Access to Recovery

Re: Memo 011 – Client Choice Disclosure Form

A primary goal of the Indiana Access to Recovery program is to ensure that clients have a choice of providers for all clinical and recovery support services. As you may know, providers can be certified to provide any or all of the services in the ATR service array. With that, it is important that clients be made aware of any possible conflicts of interest that may exist between or within ATR agencies with regard to the Access to Recovery program. ATR requires all agencies that either operate as a recovery consultant and clinical/recovery support provider or have affiliations with other ATR agencies, disclose that potential conflict to their ATR clients. To comply with this policy, recovery consultation agencies to which this memo applies must utilize the official Client Choice Disclosure Form at their agency.

There are two types of Client Choice Disclosure Forms, one for agencies that provide recovery consultation and clinical/recovery support services, and one for recovery consultation agencies that have affiliations with other ATR agencies. If you provide both recovery consultation and clinical/recovery support services, your agency must complete the Client Choice Disclosure- Dual Service Form. This form will require you to list all the services, other than recovery consultation, that you provide to ATR clients.

If your agency does not provide both recovery consultation and clinical/recovery support services, but has affiliations with other ATR providers, please complete the Client Choice Disclosure- Affiliations Form. This form will require you to list all the ATR providers in the county with which you are affiliated. "Affiliated" means that you that one or more of the following apply to your agencies:

- Shared staff
- Shared board member(s)
- Established financial agreement

The Client Choice Disclosure- Affiliations Form will ask you to list all the agencies with which you are affiliated and what ATR services those agencies provide.

The Client Choice Disclosure Form templates are shown at the end of this email. Please obtain the Client Choice Disclosure Form that applies to your agency from the Provider SharePoint, one is titled Client Choice Disclosure- Dual Service and the other is titled Client Choice Disclosure- Affiliations. Complete the form that applies to your agency and return it to your County Contact by January 23, 2009. Your County Contact will review and verify the form. The form will then be posted to the SharePoint for use by referral sources or Recovery Consultation agencies. After your agency's form has been posted, you must ensure that each new client has a completed Client Choice Disclosure Form in their file.

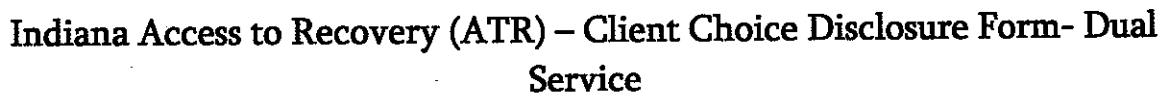
Thank you,

Eric Scott

Program Manager

Indiana Access to Recovery, Division of Mental Health and Addiction

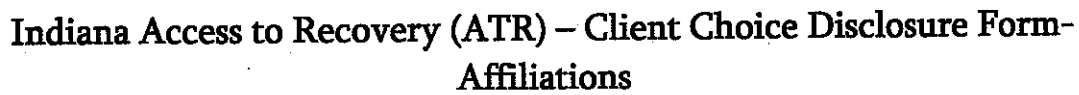




I \_\_\_\_\_, IDOC # \_\_\_\_\_ understand that  
\_\_\_\_\_ RC \_\_\_\_\_ provides recovery consultation services and also provides each  
of the following services in addition to recovery consultation:

I also understand that other providers are available and able to provide me these same services and that I do not have to select \_\_\_\_\_ RC \_\_\_\_\_ to provide any of these services even if I have selected this provider for my recovery consultation services. I further understand that \_\_\_\_\_ RC \_\_\_\_\_ is required to allow me to select any provider of my choice for the services that I need even if those services are offered by this agency. While I am aware of this agency's potential interest in referring me to their own services, I am fully confident that this agency is the best agency to provide recovery consultation to me despite this potential conflict of interest.

RC Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



RC Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_